



SPACE CHANGE and MOVE FORM

Submit completed form to und.facilities@und.edu

Current Space: Identify the existing location/room(s) allocated to your department.

Building Name	Room #	Dept #	Dept. Name	Will the space be vacant? (Yes or No)	Is this a change in NCES Usage Code? (Yes or No)

Future Space: Identify the new room(s) allocated to your department or the change in NCES Usage Code.

Building Name	Room #	Dept #	Dept. Name	NCES Usage Code	Room Occupant (Director, Grad. Student, etc.)

If the room is for research and uses codes 250, 252, 255, 260, 265, 271 or 273-290, complete the following:

Type of research conducted: Sponsored Institutional Departmental

If sponsored provide granting agency and grant dates: _____

Move Form

Requested Move Date: *allow at least 2 weeks once signed/submitted	E-mail:
Dept. Move Contact:	Phone:
Alt Move Contact:	Alt. Phone:

Estimate Requested: Yes

Fund Number	Department Number	Program Number	Funding Project Number (UNDXXXX)

Move Details.

Required Signatures:

1. Unit Space Coordinator (USC)		
My signature verifies I have discussed this move/change with the AVP/Dean/Director		
Print Name	Signature:	Date:
2. AVP / Dean / Director (final unit level approval)		
My signature verifies I approve of this request and specified funding is available		
Print Name	Signature:	Date:
Estimated Costs (provided by Facilities)		

If the space is assigned to another Academic College or Administrative Division other than the requesting departments', the requesting and granting Vice Presidents must also sign.

3. Requesting Division Vice President		
My signature verifies I have discussed this move/change with the Granting Vice President		
Print Name	Signature:	Date:
4. Granting Division Vice President		
My signature verifies I approve of this request		
Print Name	Signature:	Date :

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Facilities Management Project Coordinator:		
Print Name	Signature:	Date:

Facilities Management Space/Move Coordinator:		
Print Name	Signature:	Date: